

# REQUEST FOR PROPOSAL

## Addendum # 1



Department Of Executive Services  
Finance and Business Operations Division  
**Procurement and Contract Services Section**  
206-684-1681 TTY RELAY: 711

**DATE ISSUED: July 27, 2006**

RFP Title:	<b>On-Site Physical Therapy Services</b>
Requesting Dept./ Div.:	<b>King County Department of Executive Services – Safety &amp; Claims</b>
RFP Number:	<b>134-06RLD</b>
Due Date:	<b>August 3, 2006 - 2:00 P.M.</b>
Buyer:	Roy L. Dodman, <a href="mailto:roy.dodman@metrokc.gov">roy.dodman@metrokc.gov</a> (206) 263-4266

This addendum is issued to revise the original Request for Proposal, dated July 20, 2006, as follows:

1. The proposal opening date remains the same: Thursday, August 3, 2006 no later than 2:00 p.m. exactly.
2. In Section II, *Project Specifications and Scope of Work*, Part 7, *Content of Proposal*, third bullet, change the second word "sit" to "six" (i.e., "Provide six specific instances....")
3. To clarify, the form "Multi-Site Services/Services Level Agreement" is an example of the final form that will be executed with the selected proposer. However, this form will be used for the *proposed* level of services to be performed at each work site.

The objective is to have each proposer complete this form (or its equivalent) in order to determine office hours, capacity and availability.

**(continued on page 2)**

**TO BE ELIGIBLE FOR AWARD OF A CONTRACT, THIS ADDEMDUM MUST BE SIGNED AND SUBMITTED TO KING COUNTY**

**Sealed proposals will only be received by:**

**King County Procurement Services Section, Exchange Building, 8<sup>th</sup> floor, 821 Second Avenue, Seattle, WA 98104-1598. Office hours: 8:00 a.m. - 5:00 p.m., Monday - Friday**

Company Name

Address		City / State / Postal Code
Signature	Authorized Representative/Title (Please Print)	
Email	Phone	Fax

This Request for Proposal – Addendum will be provided in alternative formats such as Braille, large print, audiocassette or computer disk for individuals with disabilities upon request.

To provide definition to the County's requirement for each based listed in the first column:

- The 2<sup>nd</sup> column (Treatment Y or N) asks whether you can perform services at that base
- The 3<sup>rd</sup> column (Hours/Week) requests how many hours could/would you be available to perform services at that base
- The 4<sup>th</sup> column (Volume Commitment) requests how many patients you could deliver services to, either per day or per week.
- The 5<sup>th</sup> column (Commencement Date) requests how soon you would be able to begin service at that base (i.e. how much lead time prior to delivery of first services)

There is no need to sign this form (included below as a reference), as a final version will be negotiated with the selected provider.

\* \* \*

**Multi-Site Services  
Services Level Agreement**

This Service Agreement is entered as of \_\_\_\_\_, 2006, by and between physical therapy provider, and King County ("Client"). The parties agree as follows:

1. Service Agreement. This is an Addendum to the Services Agreement of the same date between the parties ("Services Agreement"). It is incorporated into and made a part of the Services Agreement.
2. Work Sites; Commencement Date. The services to be performed by the Physical Therapy Provider shall be performed at the Client work sites shown in the table below. The parties will use their best efforts to launch the on site physical therapy program at each site by the Commencement Date shown next to the site in the table. Work sites may be added to or removed from this Addendum by written notice given in accordance with the termination provision of the Services Agreement.
3. Table.

<u>Work Site</u>	<u>Treatment (Y or N)</u>	<u>Hours/Week</u>	<u>Volume Commitment</u>	<u>Commencement Date</u>
North Base				
Central Base				
South Base				
East Base				

AGREED:

By \_\_\_\_\_ Do Not Sign for the Proposal

Name: \_\_\_\_\_

Title: \_\_\_\_\_

By \_\_\_\_\_ Do Not Sign for the Proposal

Name: \_\_\_\_\_

Title: \_\_\_\_\_